

Summary of Arkansas Program Improvement Plan activities for the Second Quarter
(October, November, December, 2009)

The second quarter Program Improvement Plan (PIP) strategies and activities included the overarching benchmark of systemically engaging internal and external stakeholders to increase ownership of our Practice Model. The first quarter we spent most of our time introducing the framework to internal staff. In the second quarter we began to “drill down” with internal staff in order to assess and determine how it should change the way we work. We also began to introduce it to the external stakeholders so they could begin to learn and think about how they could become involved and make a positive difference with children and families.

The organizational development process became a focus in the second quarter as executive staff expanded, and we hired new Area Directors and began to assess the organizational structure.

With the transformation of the child welfare system and the implementation of the Practice Model, it was inherent for us to evaluate the organizational structure of DCFS and to evaluate who needed to be a part of the Executive staff. We needed to determine how to best structure the organization in order to move us forward and also select the team members who would have the greatest impact on change. In line with this effort, the decision was made to include all programmatic staff as part of Executive staff. When reviewing the Program Improvement Plan and the Model of Practice, it will be critical that reform happens in every program; thus, all managers need to have a full understanding of the big picture.

One of the weaknesses the Director noted with the past organizational structure is that program managers did not receive necessary information. Consequently, it often appeared to DCFS program managers that the Division was not making progress. In actuality, DCFS was moving forward but they were simply not hearing about it. This brought about needless frustration and, in some instances, stymied progress. Also in the past, the program managers did not feel they had the authority to contact the field directly. They felt they needed approval from what was the Executive staff level before doing so. This too impeded progress and cultivated the “us vs. them” feeling. With the new structure, programmatic staff communicates with the field staff directly. (S2 6.2) They work with the Assistant Director Community Services to keep her apprised of notices being sent, etc but they are responsible for working with the staff on programmatic issues.

This new change has brought both excitement and fear to the programmatic staff. They are looking forward to assisting with bringing about change in their respective areas. However, now that they are part of the bigger picture, they also recognize that they too are tasked with the transformation of the Arkansas child welfare system and are, therefore, somewhat daunted. In the past if things did not move forward, the fingers were

pointed at what was the Executive level staff. Now they are part of the Executive level staff, it is frightening to some. Nonetheless, it seems that the role change will bring more confidence to them, and we are already seeing the positive impact of everyone knowing what is occurring in other people's areas and, from that, how we can work more effectively together. The decision to include all programmatic staff in the executive staff will only strengthen us as an organization, allow us to be a formidable team and provides professional development opportunities for all staff (S2 4.3).

The division monthly reports and trending reports are provided to the entire executive staff. Each executive staff member is expected to include in his or her monthly report how he or she is using the results of the Quality Service Peer Review (QSPR), Quarterly Performance Report (QPR), Meta-Analysis, and other data reports in monitoring the effectiveness of his or her respective program, challenges that need to be resolved, how field staff is involved in problem solving, and how these individuals and their units have "moved" the division forward.

During the second quarter PIP, the executive staff discussed and accomplished many activities in moving the division forward. Some of the topics covered included, but are not limited to:

- Mandated investigative trainings for investigative supervisors.
- Three CCCs mandated training for field supervisors and staff.
- Criticality of communication between field staff and programmatic.
- State of Arkansas.
- Visiting resources.
- Services Array.
- Phase In Sites.
- Communication plan.
- Christmas presents for children and youth.
- Christmas cards for kids-Did this first time ever!
- Medical Oversight in Fostering Connections.
- Many more!
- A summary of the topics is attached.

Executive staff uses this discussion and information to move forward in program planning and/or problem solve. Many times smaller workgroups of executive staff meet to develop processes or discuss what needs to be developed, how we can integrate it into our system, who needs to be involved, how to pilot or test it, who reviews the related policy and procedures, etc.

The new area directors came on board in the second quarter. For these new hires, we not only oriented them per the current policy, but we also had a week of orientation specific to their new roles and responsibilities. With the focus on the leadership and shift in accountability of the new area director position, we wanted to develop an orientation that aligned with our Practice Model principle "every staff position, role, activity, of the Division shows continuous effort to build and maintain professionalism". The other

principles were reflected in the daily agendas of information shared during this week of orientation beginning with a meeting with the Governor and ending with a discussion from the DCFS director (S1 1.3, 3.3, 3.7, 3.8, 3.9, 3.10, 3.11, 12,13, 3.17, 3.18).

We are in the process of revising functional job descriptions for all staff and aligning them with the Practice Model goals and principles. We are including the characteristics of staff that we want to have in our workforce not only related to skills but to professionalism and courteousness as well. Along with the revised functions, the director is participating in a DHS workgroup that is revising the conduct and performance policy for DHS staff. They are making changes to align them concurrently and to amend the policy related to technical or administrative errors so that employees will be held accountable for poor performance. There is also work to improve the performance evaluations of staff so that they align with best practices and are outcome oriented when measuring staff performance (S1 11.1, 12.1, 13.1, 14.1, 19.7).

As a result of clearer expectations and a renewal of making decisions based on our mission, goals, and principles, the way staff strengths and skill levels are assessed are changing. This has resulted in a few demotions in the field and some reassignments of roles and responsibilities. Many of these tasks must be completed before we can begin to assess and determine the division's practice leaders. It is critical within our Practice Model to have clear functional job descriptions as we develop training for varied audiences and align the skills needed with the functions.

We have implemented the Three Cs training (which is our Practice Model training) for supervisors and IV-E partners and have a tentative schedule for field staff over the course of the next few months. Once all functional job descriptions have been completed and we can clearly describe expectations and consistent supervision, we expect to see our practice leaders emerge (S2 4.1, 4.2). The Three Cs training is a part of the material we are developing to train practice leaders. As we move forward other material will emerge (S1 1.3).

The meeting map strategy is about gathering all the meetings that are taking place and asking to be on their agenda to discuss and share the vision of DCFS and begin to influence the priorities that particular team has related to child welfare. It is also a strategy to allow us to access meetings already taking place instead of scheduling another meeting with the same audience. The meeting map strategy is a way to shift key stakeholders' priorities to align with the Practice Model priorities of child welfare as well as to assist staff with time management (S1 1.2).

The meetings that we participated in the second quarter included:

- Office of Chief Counsel meeting.
- Attorney Ad Litem annual meeting.
- Saline County Quarterly Judges meeting.
- Arkansas Mental Health Planning and Advisory Council.
- Saline County Stakeholder meeting.

- St. Francis County Stakeholder meeting.
- Meeting with foster parents.

At each meeting, we ensure that the Practice Model framework is shared, discussed, role modeled, coached, or represented in some way that we can provide “real time” and “real life” experiences in implementation of how we do our work in our varied roles (S1 1.3 and 3.2).

The Practice Model framework (S1 2.3) serves as our guide in connecting our actions, communication and direct work with staff or families. We hope to continue and build momentum as we move forward in changing more and more our behavioral response at all levels to achieve positive outcomes. We continually add to our list of best practices which will need corresponding practice guides developed in order to achieve those best practices on a regular basis. We expect that this will be an ongoing development process and will have a continuous quality improvement component so that we are consistently updating our guides to ensure that we are current with policy, laws, and evidence-based practices as they emerge. We have a worker visit practice guide completed, but others that are in development include:

- Development of life plans for youth.
- Engaging youth in planning.
- Understanding shaken baby syndrome.
- Working with minor mothers.
- Developing protection plans.

For every meeting a program manager conducts, there is an agenda that is characterized by the Practice Model in action. This may be how the meeting is structured, how it is conducted, what feedback process is in place, using case scenarios, and/or connecting the discussion to the decision making processes in consideration of the goals and principles. It may also include simply reflecting on how lessons learned from a case can positively change the approach we have with families in the future (S1 3.6-3.13).

The Assistant Director of Community Services continues to develop the leadership skill of Area Directors by ensuring the agenda is relevant; having information and updates of division activities including PIP-related activities, and allowing for time to problem solve and discuss best practices (S1 3.3).

The Area Director monthly meetings are structured to implement Practice Model Principles and goals and to begin to shift the culture from crisis management to proactive supervision and case work. Agendas always include discussion about Practice Model and what it means as well as connecting program updates, policy, and discussion to the Practice Model framework to try to give a picture of how everything fits together.

We conducted a quarterly supervisor meeting that focused on the Practice Model framework and included a discussion of follow up from the first quarter Practice Model consultation.

A Central Office quarterly meeting was conducted this quarter with an agenda developed around the Program Improvement Plan and Practice Model to begin to have Central Office staff align their roles and responsibilities in achieving positive outcomes for children and families.

A couple of the Area Directors have implemented strategies to educate and build leadership skills of staff in their areas. One area had OCC train all staff on Fostering Connections which included discussion about best practices with families and how those relate to outcomes. Another area has Continuous Quality Improvement meetings (CQI). This area is submitting agendas and discussion items on how they are developing strategies and momentum to implement the Practice Model (S1 3.3 and 3.4).

All of these meetings mentioned in this document are related to Strategy 1 1.3 and will be an ongoing communication strategy for sustainability and improvement of practices and outcomes for children and families (S1 3.6-3.13).

The second strategy is establishing effective communication, professional development, and organizational change to build a child welfare system that keeps children safe and helps families; respectfully engages families and youth and uses community based services and supports to assist parents in successfully caring for their children while still keeping the focus on safety, permanency, and well being for children.

Many of the strategy one activities are critical to the success of strategy two as it deals with communication and professional development. We continue to work on the communication plan and have begun outlining activities that are taking place and will become systemic. This aligns with our strategies for worker recruitment and retention as well as foster and adoptive parent recruitment and retention. We are discovering that the communication strategies will significantly impact all of our PIP strategies.

The strategy to establish effective communication also includes the meeting map strategy and the tools and skills needed to conduct effective meetings which were discussed in strategy one.

We recognize that the clarification of roles and responsibilities in strategy one are related to the organizational development of strategy two. An example of an expanded functional job description that aligns with the Practice Model is the functional job description for the Area Director (S1 3.3). It includes the standards for supervisory duties; administrative duties, personnel duties, but also includes expectations for responsiveness and application of leadership skills which align with Practice Model. Our goal is to develop expanded functional job descriptions that that reflect the Practice Model for all other positions by the end of the 3rd quarter.

We have several strategies related to the recruitment and retention of DCFS staff. A draft plan is attached as our evidence of completion but will be enhanced as we move forward

and determine what strategies are effective and which are not. Some strategies can occur as needed while others will become a part of our culture.

A formal recognition program has not been developed. However, the Executive staff is taking great strides to ensure practice leaders are acknowledged. With the restructuring of the internal death review, we are now looking at strengths exhibited in the casework instead of only looking at what went wrong. This new approach allows staff to be recognized for their good casework. This recognition is making a difference on several levels. For example, staff is more open to looking at additional services that could have been offered and the feedback is getting back to field of how internal death review has been restructured. Staff does not fear death review as they have in the past and, in some instances; employees have had their own staffing prior to meeting with the internal review group (S2 6.2).

A luncheon was held in December to recognize those staff who tirelessly helped with the Holiday Bazaar, Toys for Tots and the Gingerbread Tree. An email recognizing their commitment to children was sent as part of the invitation.

As we receive examples of best practice, those are being shared with DHS Executive staff. Often times, Janie Huddleston, the DHS Deputy Director, and John Selig, the DHS Director, will send a note to the respective employee acknowledging their good work. In addition the Director and Assistant Director Community Services are sending acknowledgement emails. There have also been several instances in which the information was shared with the Governor's staff.

Individual recognition is happening and will continue to happen. In October 2009, we received the results of the DHS 2009 High Performance Culture Survey. The purpose of the survey was to:

- Encourage better communication.
- Engage and involve DHS employees to voluntarily share their opinions regarding their perceptions and overall experiences.
- Identify our organization's strengths.
- Identify areas where our organization is making progress to create a better place to work.
- Identify important trends, issues, or areas of needed change for improvement.
- Help DHS create the best place to work in state government in order to attract, retain, and motivate a high performing, quality workforce to meet the DHS mission and serve the needs of the citizens of Arkansas.

The Division of Children and Family Services had a 69% response rate to the survey. Several questions in the survey deal with performance focus, empowerment, personal accountability and celebration.

- Question 19 – In my work unit people are openly recognized when they are successful. This increased from 33% in 2008 to 35% in 2009.

- Question 31 – My opinions count. This increased from 30% in 2008 to 31% in 2009.
- Question 37 - Individual achievements are celebrated in my work unit. This increased from 34% in 2008 to 39% in 2009.
- Question 38 – In the last month, I have received recognition or praise. This increased from 38% in 2008 to 39% in 2009.
- Question 39 – Team successes are celebrated in my Division. This increased from 37% in 2008 to 41% in 2009.

An interesting and exciting increase was seen in the question regarding employees who agree they need to change in order for DHS to become a high performing organization. DCFS saw a 5.01% increase from 2008 which is favorable for our transformation. The Division is required to develop a plan for how the culture survey will be shared with staff and how respective units across the state will work to increase those areas needing improvement. DCFS Executive staff has received a copy of the culture survey results. As part of the next Central Office staff meeting agenda, we will discuss ways in which we can improve.

Another strategy that we will implement to achieve better outcomes for youth in care are the permanency round tables. Casey Family Programs is providing the technical assistance for this strategy. We began the planning process in the second quarter for a third quarter implementation. We are pulling data reports of youth who have been in foster care 36 months or more and 24 months or more. We will then conduct round tables to develop a permanency action plan. This strategy has been successful in other states. The values of this strategy align with our Practice Model and are outcomes driven. We hope that by using this strategy we are able to move youth to permanency outcomes but also build the skills of staff in case reviewing and consulting on cases to move them toward positive permanency (S1 16.10, S2 2.5; S2 4.4).

The Permanency Round Table strategy, Overdue Investigation Project, Case Closure Project, and Administrative Review are all strategies to respond to counties in crisis. They are efforts to assist the field in assessing cases and determining what final tasks are needed to close or make a finding. In some instances, it is having staff complete the tasks (S2 5.3 and 5.5).

The director has a process in place that she utilizes when making decisions regarding the placement of vacant positions. We have been fortunate this last year given the additional positions to provide to the field. With that, comes accountability to ensure that we are using these positions in the most effective way possible. The director has all positions transfer to Central Office as they are vacated in the field so that an analysis of workload, turnover trends, COR trending, community issues, and other items can be assessed prior to releasing for hire in these same-county same area. This allows a consistent expectation and some equitable distribution of positions to be considered (S2 5.3). Also reference document S2 4.8 from 1st quarter.

The Area Directors are developing a recommendation for the reassignment process of staff within the areas. Historically, this has been allowed without any analysis of data, consultation with Central Office, or consideration to coverage of the position responsibilities from which they are assigned away. With a consistent process in place, this impacts worker retention and accountability. With clear functional job descriptions, all staff will know what their position is expected to have as it relates to knowledge, skills, and abilities to that function. Staff can also expect a reassignment in the best interest of the division as well as the families we serve and not necessarily due to poor performance or a supervisor who is unwilling to confront an issue. We are developing more comprehensive and clear performance evaluations (P.E.s) to measure performance based on the primary duties of staff. For example, FSW investigators would have a functional job description based on the knowledge, skills, and abilities to serve in any role as an FSW. They would receive the CORE training and be expected to gain knowledge and skills in regard to the FSW responsibilities in serving families from “prevention to permanency”. However, the investigator performance evaluation would reflect their primary responsibilities regarding investigations.

We have developed a group called “manager plus” that is comprised of Central Office managers or leaders. This group will be discussing the updates from each program area, discussing how each unit has responsibilities within the PIP and their part in transforming the child welfare system. We hope this will allow more open communication, better define the support needed for the field and what that support should look like, as well as breaking the tendency to silo in these units (S2 4.3).

The phase in counties conducted successful community stakeholder meetings and began to analyze staff skills and data trends to determine their primary focus for outcomes.

The debriefing and implementation planning meeting is scheduled for 1/21/10. We will develop next steps and outcomes expected with timelines during the 3rd quarter. There will also be specific stakeholders meetings conducted to better define communication, referral process, problem solving, and effective outcomes of services utilized.

The Division Director meets with the Administrative Office of the Courts Manager and the Manager of the Attorney Ad Litem on a monthly basis. The director meets individually with them. The purpose is to discuss issues before they become a problem. These meetings allow everyone involved to discuss issues from each perspective and problem solve as needed. It allows for better understanding of roles and responsibilities and the direction of the division.

Some of the issues discussed this quarter have been:

- Training for staff.
- Adoption events.
- Meetings with judges.
- Permanency round tables.
- Child death.

A document is attached that will provide more listing of topics (S1 1.3 and S2 2.4).

The Program Improvement Plan had a benchmark that indicated a letter would be sent to the Chief Justice to provide information about the outcomes of the CFSR final report and gathering input for how we could improve. The Director thought that an in-person meeting and discussion would be more effective than sending a letter. The meeting was initially scheduled in the first quarter but was cancelled due to scheduling conflicts, so the meeting was held in the second quarter. The Division Director attended the meeting and shared with all the judges the outcomes of the CFSR, the Program Improvement Plan, and had good discussion regarding strategies for improvement. The agenda is attached for that meeting. She provided the final report, the table of contents of the Program Improvement Plan, and the outcome ratings description to the judges (S2 2.9).

The Professional Development Unit (PDU) continually meets with MidSOUTH and the IV-E Partnership in realigning and clarifying roles and responsibilities in the implementation of the Practice Model and their role in the training. There are many meetings related to the development of training curriculum and integrating the Practice Model in discussion, case examples, and “real life” experiences. We also have the Training Skills and Development Team (TSDT) which meets to discuss on-going training issues, development of new trainings, staff skill development issues (local and statewide) and general training direction. This team has given us an opportunity to respect each person’s perspective and ensure that the training and information shared with the field has the same mission (S1 6.1).

One area conducted their quarterly training meeting and we used this opportunity to share the Practice Model with all field staff in that particular area. For many it was the first time in hearing and connecting the goals and principles with their work. As we move forward, we plan to have similar forums to train on the Practice Model and/or Three Cs (S1 12.6, 15.5, 16.10, as well as S2 4.2).

The objectives of these trainings are:

- Receive the Practice Model goals and principles and engage in activities that facilitate the understanding and awareness of the values, beliefs, and behaviors that drive the model.
- Identify key decision points in the casework process and identify/articulate specific behaviors that would demonstrate implementation of the Practice Model principles.
- Develop scenarios that can be shared with others which provide examples of the Practice Model in action.

We conducted “The Three Cs of Child Welfare: Caring, Committing, Connecting” for the supervisors and IV-E Partners statewide. This conference style event used an “engagement theme” with every workshop focused on how supervisors can work more effectively with staff through engagement tools and strategies and/or partnering with community providers on behalf of families.

This event was also the public launching of aligning our field instructors more closely with supervisors, supporting leadership skills aligned with the principles of our Practice Model (S1 6.1 .3, 3.4, and S4 1.6).

PDU met with some of the graduates from the MSW program to discuss the application and approval process of the program, the challenges and communication related to the program, and how we can ensure that the division benefits from the skills and knowledge of the graduates. We have attached minutes from the meeting containing recommendations for changes we are considering in this program. This could possibly impact how the MSW graduates are re-assigned to the field once they complete the program as well as becoming a part of the staff recognition plan, which is a part of the development of the communication plan (S2 5.3and 6.2).

DCFS conducted investigation training for all the supervisors and investigative staff in the first and second quarter. This training was to provide information about best practices in engaging families in the investigative process as well as clarifying the requirements and documentation of conducting a comprehensive investigation and how to make the finding decision based on the information gathered (S1 9.4).

The Prevention Support Unit has continued to ensure that the AR Spanish Interpreter Service is accessible and provides quality service to the field staff as the need arises. This is becoming a critical service more and more. During the second quarter, we developed a purchase order for the purchase of sign language services. This impacts our service array strategy to assure services are available to meet the families' needs. The unit also continues to explore other parenting curricula and options to enhance the parenting information available to families. The unit is also working to ensure that the parenting classes will meet their individualized needs to improve their ability and capacity to care for their children in their own homes (S1 1.3 and S2 2.5). We are also pursuing and redefining our Intensive Family Preservation Services and, as such, are exploring the Homebuilders model which is an evidence based model. The request for proposal will be advertised in selected counties and not statewide. We are enhancing the performance indicators of the current IFS providers to include the tools and assessments to allow DCFS to have a method to assess and evaluate families' outcomes of those providers. We have had several policy forms translated into Spanish to ensure this population has information in their primary language. We are initiating planning for the month of April which is Child Abuse and Neglect Prevention Month.

The Child Protective Services (CPS) Manager presented information related to the activities in her unit as well as providing a desk guide to the Area Directors that included protocols, policy, guides, and other relevant material to protective services (S1 9.5).

The agency completed a thorough review of the investigative policy this quarter. All of the policy is aligned with the Practice Model and the expectations of the Crimes Against Children Division (CACD). There are no needed changes this quarter. We will be

reviewing policy as this process progresses and will make necessary changes as needed (S1 4.5).

The agency revised PUB-357 this quarter to reflect necessary changes for the Practice Model. The revisions took place on 12/1/09 (S1 4.6).

The protection plan policy and form were updated in the second quarter. We continue a review and practice guide development regarding how to create a strong protection plan with not only DCFS staff involved in the monitoring but external stakeholders as well. This development is part of the Practice Model and these particular guides are expected to be final by the fourth quarter.

We have also had training opportunities throughout the quarter to train staff on best practice issues as we have staffed child deaths and come across several issues our state faces in the field daily. Two of these issues are co-sleeping and shaken baby syndrome. We have sent reference tools to the field to alert them of these issues and how to work with families to address them (S1 9.6 and 12.2). These two reference tools will be what we use to develop the practice guide related to provision of services to families with newborns and infants. We anticipate these Arkansas practice guides being completed in the fourth quarter also.

The FSNRA is the current tool the case managers use to assess family strengths and needs throughout the life of a case. Currently the tool is adequate for the field's use. We will be assessing the tool as we progress through the Practice Model process and make necessary changes as needed. We are currently developing a practice guide that should be completed by March 2010 to help the field better utilize the tool (S1 13.8).

DCFS met with CACD this quarter to begin working on the interagency agreement with the two agencies. The plan for the final draft will be for a completion date of March 30th. This will give the agencies time for a final review and implementation July 1, 2010. The CPS Manager and the CACD Director held the preliminary meeting on 12/21/09 (S1 4.7 and 9.1).

The CACD/OCC/DCFS monthly meetings are scheduled on the second Tuesday of each month. The purpose is to discuss issues from each agency, determine plan to address issues and to share information. Some of the topics discussed have included, but are not limited to: AB policy, investigative training, PUB 357-policy changes vs. legislative changes, etc. A document is attached to summarize other topics (S1 1.3 and 4.4).

PDU, MidSOUTH and the CPS Manager met with CACD on 12/3 and 12/14 to review the "Assessing Child Maltreatment Allegations" training materials in order to identify relevant training content for CACD investigative staff and supervisors. This training is projected to be scheduled for June through September, if the division and CACD find it still appropriate after participating in a workshop on Structured Decision Making. The division also anticipates offering training to CACD and Hotline staff on the Practice Model principles beginning in June (S1 9.4).

The CPS manager conducted a review of the current assessment tools related to safety and risk to determine changes needed to align with our Practice Model. At this time, we are not making any changes to these tools. There may be some changes needed in the future, but we are currently pursuing a strategy related to “structured decision making” (SDM). Once that is implemented, it will include a review of all tools and changes needed, development of practice guides for SDM, and possibly policy changes. This training will highlight the aspects of the safety and risk assessment that the state currently uses and we will be working with staff to utilize the tools throughout the life of the case. We have determined that we do not want to make changes now and then in the next quarter have to make new changes to the same tool (S1 4.8, 9.6, 12.8, and 13.8).

As a Division we continue to strengthen the partnership with the CACD of the Arkansas State Police. Meetings continue with CACD executives and DCFS executives in discussion of the interagency agreement, Practice Model, new legislation, and other critical issues. We determined that there would be no changes at this time to the agreement, but work was needed to change the language and provide clarification to align with the goals and principles of the Practice Model. CACD wanted to learn more and have more information prior to changing the agreement (S1 4.2, 4.7, and 9.1). There are plans in progress to conduct a Three Cs training specific to the CACD audience and to consider what joint training is needed with DCFS field and CACD to strengthen their working relationship across the state.

PDU is meeting with staff from CACD to assess and address training needs. We have had some training within the training system for investigation and hotline staff but due to the IV-E regulation, this has been very limited. We are adding non IV-E dollars to the contract so we can better address the training needs of CACD staff.

We continue to pursue the transformation of our Foster and Adoptive Parent training program. The Foster Parent Recruitment and Retention Program has seen numerous changes in the past quarter starting with the previous Foster Parent Recruitment and Retention Coordinator (FPRRC), Alicen Bennett, being promoted to Foster Care Unit Administrator. Shortly thereafter Alicen had her baby prematurely so she was on maternity leave earlier than expected. Before she went on maternity leave, however, she was able to interview candidates for a replacement Foster Parent Recruitment and Retention Coordinator (FPFFRC). The new Foster Parent Recruitment and Retention Coordinator, Lynn Keith-Wellisch started in the position on January 4, 2010.

The monitoring of Foster Home Licensing Regulations has been reassigned to the Division of Child Care and Early Childhood Education (DCC/ECE). DCFS is still responsible for the recruitment and retention of foster homes, the quarterly monitoring for compliance, and the annual re-evaluations; but DCC/ECE is monitoring the licensing compliance of foster homes. As such, DCC/ECE staff visit the foster homes to assess whether the licensing standards are met and provide reports to DCFS. The DCC/ECE foster home visits include questions of the foster parents including if FSW is visiting their home each month, what is discussed during those visits, are the foster parents getting

notified of appointments, notification of court, copies of medical passports, clothing needs met, and many more to assist us in assessing the support that foster families receive directly from the FSW and Division. If there is a non-compliance issue, the Area Director/designee establishes a plan for remedy of the issue if possible. This allows for a third party to assist in the monitoring of foster homes to ensure that they are safe and meet the needs of the children entering foster care and being placed in these homes. The Foster Care Unit invites the supervisor and staff of this division to the resource meetings to ensure that we strengthen our partnership, communication, and understanding of roles and responsibilities. It allows for strategizing and clarification of licensing regulations and sharing how assessments are conducted and what we all should be assessing in foster homes. It develops not only best practices but supports the need for addressing issues with foster families with transparency (S1 1.3).

The new Foster Parent Recruitment and Retention Coordinator's approach for the program is a mixture of marketing, volunteer management, community development and collaborations, the establishment of a speakers' bureau, designing a new recruitment campaign with a consistent message in all print and media materials to be used statewide, and the training of Resource workers to become more efficient in the recruitment and retention of foster parents. This approach aligns with the Practice Model communication plan in strategy 2 of the PIP.

There are several strategies that will be implemented to improve the recruitment and retention of foster homes statewide. One strategy is for the FPRRC to observe all Resource Workers during their inquiry/information meetings in order to assess their skills, capabilities, and performance in order to see what their strengths and challenges are in order to know what training or skill development is needed. The FPRRC will attend these meetings in February and March. However, the FPRRC has already planned trainings on the following and will coordinate through the PDU for these skill building opportunities to be available in the training system:

- Customer Service.
- Volunteer Recruitment and Management.
- Marketing.
- Public Relations.
- Community Involvement by strengthening community partnerships.
- Public Speaking.

After all the assessments are completed, the FPRRC will be able to see other areas that need improvement and incorporate trainings on those specific topics along with providing support to individual Resource Workers on their particular skills that need improvement. During the past quarter a new functional job description for the Resource Workers was developed and will be implemented in the third quarter (S1 7.1).

Another avenue to improve the quality and quantity of foster parents is the creation of resources and/or tools for the Resource workers (S1 7.5). These resources will all have a

consistent “campaign” message in order to “brand” DCFS and foster parenting in a positive way.

This campaign model will also accommodate the special needs of each area. Special needs information will be based on the data reports identifying the needs and trends of each county (S3 4.1 and 4.5).

We will distribute our campaign message by developing a Foster Parent Recruitment Press Kit containing flyers, brochures and other multi-media materials (S3 4.4).

A part of the above distribution methods includes providing access to Resource workers to these materials and giving them the capability to add local information without altering the quality of the materials or their consistent message.

In addition, the establishment of a Speakers’ Bureau provides a much needed resource for local foster parent recruitment/information meetings.

This Speakers’ Bureau will include:

- Statewide resources.
- Current foster parents.
- Former foster parents
- Former foster children (S2 1.3)

To increase statewide retention for foster parents the new FPRRC will also review what is actually being done on the local level by Resource workers and see what changes and improvements can be made in order to retain foster homes. Already planned is the training on Volunteer Recruitment and Management since foster parents are volunteers and need to be treated as such. A Foster Parent Information packet will also be developed that will be used for both recruitment and retention by not only DCFS staff but also by Foster Parent Associations (S3 5.5). The FPRRC is going to meet with all the Foster Parent Associations to see what materials are most needed in the new informational packet along with obtaining information that could be incorporated into the Statewide and Local Plans in order to increase the retention rate of foster homes.

Each area is developing an enhanced outcome oriented retention and recruitment plan. We have attached an example of a plan that we will be working from and improving as we begin to implement strategies and use our data to direct the strategies. We will be assessing the effectiveness and have a continued process of changing these plans to meet the identified needs of each area. This is a process that we have not used in this area before. Consequently, some areas are struggling in the development of their plans. The meetings with the resource staff continue to address the issues and provide discussion for considering and developing strategies for recruitment and retention. One area is continually looking to external support/community partners (S 3 5.1 and 5.5).

In order for the Foster Care Administrator and the Foster Care Recruitment and Retention Manager to monitor the field there has been a Monthly Recruitment and Retention report created that will be attached to the Area Directors' monthly report in order to identify the Areas that need further attention and direction due to their low numbers. This report will also allow the Area Directors to have knowledge of and be familiar with how well the recruitment plans are being implemented. It is an excellent tool to measure whether the plans are working or if the issue is with the local staff's lack of implementation or skill level. It will assist in the trainings that are needed for each individual area and impact the way the statewide marketing campaign may need to be adjusted for a specific area.

In addition, to strengthen our strategy development and implementation to increase retention of foster families, the Foster Care Technical Coordinator contacts each foster family whom home closes in the month and conducts a survey to assess why the home closed and how we could have improved the services and supports. The results are shared with executive staff via the Directors monthly report for the program managers to use in planning and development.

The Transitional Youth Services Program has had a busy second quarter. Many initiatives are ongoing including:

- NYTD.
- Youth development.
- Mentoring projects.
- Medicaid state plan changes.
- Development of practice guides.
- SOAR.
- Housing and Urban Development (HUD)/Family Unification Program (FUP) application.
- Planning as part of communication strategy for a Video of the Youth Advisory Board members.
- Interdivisional Transitional Task Force.

There is a major initiative in regards to the Youth Development. The NRC for Youth Development has provided technical assistance with this

The Transitional Youth Program Manager participated with the Division of Behavioral Health Services (Adult Services) in a pilot project for Arkansas called SOAR (SSI/SSDI Outreach, Access and Recovery). Currently SOAR is in 11 other states. This federal technical assistance and training program helps states identify and remove barriers faced by people who are homeless or who have disabilities in accessing Social Security benefits. Having a reliable source of income enables people to find housing and access support services that lead to greater, long-term self-sufficiency and will benefit our youth transitioning to adulthood with chronic mental health issues.

We partnered with the Pulaski County Housing Authority who submitted the Family Unification Program (FUP) application. We provided information for the application and

developed and signed a memorandum of understanding when the money is awarded. We are in the planning stages for implementation so we will be ready to initiate the referrals when the grant is awarded.

We also supported development of a mentoring program with a faith-based program, recruited participation in Academic Achievement Recognition of Faith-based, corporations and other DHS Divisions as well as the Governor's Office.

The Chafee convening planning committee (which included Casey Family Programs, Children's Defense Fund, First Focus, FCAA, Voices for America's Children and APHSA, Foster Club) selected Arkansas to attend and participate as one of only ten jurisdictions invited in this national roundtable relating to transitional services due to the innovative work and promising practices in our state regarding older foster youth. ☺ This event in DC was to celebrate the 10th Anniversary of the John H. Chafee Foster Care Independence Program and was "A National Dialogue Regarding Policy and Practice for Older Youth in Foster Care. Cecile Blucker, DCFS Director; Toma Whitlock, Transitional Services Manager; and Shaden Jedlicka, President Arkansas Youth Advisory Board attended. Presenters included Carmen R. Nazario, Assistant Secretary for Children and Families/DHHS, Senators Mary Landrieu and Chuck Grassley as well as the co-host agencies.

The Adoption Unit continues with their meetings and trainings to increase the knowledge adoption staff have related to the Practice Model, training to develop their skills, and leadership training to help them advocate and promote the Practice Model with other internal and external stakeholders.

Adoption recruitment materials have been re-designed including a PowerPoint presentation that is shown at informational meetings. The Heart Gallery website has also been enhanced and is operational (\$1 7.5).

Adoption Field Staff are present at all Informational Meetings and participate in the training process. They are available to answer questions from prospective families. 606 adoptions were finalized for FFY 2009 (\$1 15.3). The training has not been revised for foster/adoptive families.

The training has not been revised for foster/adoptive training. We are in the process of developing training for new Adoption Specialists to include portions of the current FSW training along with training provided by Adoption Supervisor, Subsidy Coordinator, and others. The staff members are provided training every other month. (See attached copy of November training on changes in Adoption Subsidy provided by Joe Kroll, Executive Director, NACAC (\$1 15.4).

November was National Adoption Month and Arkansas participated in this celebration by attending the Governor's Proclamation signing on November 4, 2009. Heart Gallery photographs were featured along with families who have recently finalized adoptions, including a large sibling group and a teen. Our new Heart Gallery Website was featured

and KTHV taped the families and children who spoke. This was the first featured video on the A Place To Call Home segment. The afternoon of November 4, 2009, Joe Kroll, Executive Director of the North American Council on Adoptable Children, spoke about the changes in federally funded subsidies. The changes have since been incorporated into our policy.

The goal of adoption that has been longer than 24 months report has been received and distributed to Adoption Supervisors with a request to report the status of every child. These children will also be included in the Casey Project of reviewing and “mining” cases of children who have been in care 36 months and more and the second round of reviewing cases of children who have been in care for 24-36 months (S1 15.8).

A report was generated listing all available adoptive homes by Area/by County/ by race/ethnicity and distributed to the Adoption Supervisors. This report was compared to children in foster care with the same information and again compared with waiting children (children with 2 TPRs and goal of adoption (S1 15.9). This report is distributed and discussed at the monthly adoption committee for the review and development of policy, practice, and procedure and related recommendations for improvement.

Criteria for the new Arkansas Heart Gallery include 2 TPRs, goal of adoption, sibling groups, Caucasian children 9 and older, children of color age 2 and older, and those children with a medical, emotional, or other handicapping condition. We add children on a daily basis to this website. The website is www.adoptarkansas.org (S1 15.10).

One of the most successful recruitment strategies for adoption this quarter has been “A Place to Call Home,” our project with Channel 11 that features sibling groups and older children awaiting placement. This has been a very successful project and Channel 11 wants to continue with us and also feature success stories. They have reported this has been one of their most successful projects with the most number of “clicks” to their website and to ours. A Place To Call Home has consisted of 13 segments featuring 35 children. We continue to receive inquiries on these children and KTHV reports the largest ever response to a website.

Our Wendy’s Wonderful Kids (WWK) Coordinator provided training on the WWK process of “mining” cases to determine if there is a relative or some significant other in the child’s life that may be may be interested in adoption that child. We will use this process in conjunction with the Casey Project for reviewing all cases where children have been in care 36+ months and 24+ months. These reports have been received and distributed to supervisors on all children with a goal of adoption for 24+ months.

In the first quarter, we submitted information regarding a small workgroup that convened to develop the framework for restructuring the policy manual (document #42) and submitted the framework to subject matter experts and others for review and feedback. This is in reference to the overhaul of the policy manual represented by the table of contents so that the next steps are the actual review and revisions of the policy content. Some of the feedback received included comments related to the length of the table of

contents and the duplicate information. Our hope is that as we move forward and are able to better organize and ensure the content is relevant and user friendly, that this will resolve itself. We expect the table of contents to shift as we structure the policy and align with our Practice Model. We want to primarily focus on Safety, Permanency, and Well Being. First we must outline the infrastructure that we have and address the gaps that we have in the infrastructure, as we develop policy and clarify is the difference between policy and procedures, practice guides, tools, and other guides. We expect the policy to evolve and the concerns or issues to be resolved (S3 5.9).

This document is a working document to ensure that we have policy developed as well as showing gaps in policy that need to be addressed and provides a guide to ensure that we align policy with our Practice Model goals and principles. We have a lot of family centered language in the policy and will continue to build on that strength.

A policy review team has been established to assist with the review of revised policy and new policy developed. The members were asked to sign a agreement which outlines their responsibilities. We are also pursuing a parent and youth who can be utilized for reviews as needed.

The second quarter activities for Strategy 3 included improved and enhanced collaboration and partnership with community partners and our own Divisional partners.

The first items on this strategy were related to the geographical analysis of AFCARS, NCAND, and other data information related to DCFS and researching and creating a snapshot using the most recent data to assist in identifying the resource needs for areas. The Services Array committee has begun to implement the survey to identify stakeholders for each community and begin to list the services that each provide. At the same time, they are using the data referenced above and/or the information that we already had available. Our goal was to develop a Meta-analysis report that could be used in this analysis of identifying service needs and gaps along with the actual survey the committee was working on (S3 1.1).

The Meta-analysis is an annual analysis of each of the services Areas. Like the federal review, the primary issues on which this analysis focuses are safety, permanency, and well being. However, the analysis studies also focus on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of the analysis is to identify those practices and outcomes that the area is producing well. It is hoped that this will serve as a model for other areas in order to contribute to statewide reform. The Meta Analysis will also be shared with the Service Array committee to assist in the identification of service gaps by geographical areas (S3 1.1).

To support the program development and ability to assess the needs of services related to specific programs, we have a process that involves the contracted providers supplying monthly reports to the Prevention Support and Substance Abuse Office. The Program Manager reviews the reports for compliance and cost verification. Once this has been completed, the reports are shared with identified members of Executive staff. The

appropriate program managers are then able to review and determine if there are challenges that need to be addressed, follow up with the field to be conducted regarding quality or outcomes, or other action needed to ensure that we provide the families with the services that will support them in achieving positive outcomes.

DCFS now has a contract with HZA to assist in contract monitoring and the monthly reports for the contract providers are shared with HZA. The HZA proposal states, “The Arkansas Division of Children and Family Services (DCFS) is engaged in a comprehensive effort to improve the quality of its service delivery system and the outcomes it achieves for children and families. One aspect of this effort is to examine more closely the services that are provided under contract with providers in the community. In the Program Improvement Plan stemming from its federal Child and Family Services Review, DCFS committed itself to perform a contract review to assure that Practice Model standards become a part of the contracting process and that the services obtained meet DCFS standards.

The Practice Model emphasizes the goals of keeping children safely at home with their families; utilizing placement as a temporary service supporting reunification and, if that is not possible, adoption or guardianship; focusing on the children’s outcomes as a measure of success; and effectively involving biological families in the decision-making process. These are the principles incorporated in the contract review.”

HZA will produce a report for each agency. In addition, at the end of the period it will produce a statewide report which will address the cross-agency and system level issues. This information will be used by Executive staff including all program staff to determine changes or improvements needed within their respective program area. It will also strengthen our commitment to ensuring families receive the individualized services needed for positive outcomes (S2 2.1 and 2.5).

Our CFO has explored and considered the opportunities with other divisions in regards to contracting for shared clients. There are technical issues related to procurement laws and the challenges of how to allocate the money for each division that prevents us from developing a plan. However, the department is very committed to each division supporting and working together to ensure that we are fiscally responsible for the services that we provide and do not duplicate services thereby “wasting” funding (S3 2.4).

For instance, we work with DDS to get clients on the DD waiver to access optimal placement for their needs. We also work with DYS to evaluate the needs of shared clients for discharge planning and after care treatment. We have regular meetings and communication with DYS and have an interagency agreement in place. We are working with DBHS to provide the mental health services to our shared clients and have improved communication to have a case consultation prior to children entering foster care due to not having access to appropriate mental health services. DHS leads on the System of Care (SOC) initiative through the Division of Behavioral Health (DBHS). DCFS executive staff meets every other week with DBHS to discuss challenges and opportunities. For example, the SOC has an IFS component, we are ensuring that we align our IFS services within our Division with the SOC IFS and they do the same. This allows for consistency and clear expectations about the service and expected outcomes regardless of what Division is providing the service. We also want to ensure that services are family centered and align with our Practice Model.

Another strategy that is ongoing is related to addressing the needs of and services offered to sexual offenders. Arkansas is experiencing an increase in the number of adjudicated sex offenders and an increase in the number of children who display sexually acting out behaviors. Some of the children have mental health issues and some are low functioning as well. The state is very limited in providers who are willing to care for this client population. Due the increased need, a workgroup was formed to address this population, lack of service providers, and to identify barriers to clients receiving services.

The workgroup is headed by the Deputy Director of DHS and includes representatives from the Office of Chief Counsel, Division of Youth Services, Division of Developmental Disabled Services, System of Care, Division of Children and Family Services and the Medical Director for the Arkansas State Hospital.

The workgroup meets monthly and topics discussed are:

- Development of providers list of who will provide services to this population.
- Capacity of Family Treatment Center to provide assessments of clients.
- Analysis of monies expended for care of this population by all agencies – Inpatient and Outpatient.
- Identification of clients who are inappropriately placed.
- Identification of clients who have repeated treatment.
- Identification of non-adjudicated children.
- Identification of adjudicated sex offender clients.
- Review and revision of Medicaid inpatient sex offender treatment standards.
- Identification of adult sex offenders in the Adult Correctional system
- Development of a process for factoring in the “no charges” pending concern as a part of Psychosexual assessments.
- Legal analysis on proposed assessment process.
- Discussion regarding the establishment of treatment levels
- Review of Utah’s sex offender treatment program

Barriers

- Lack of providers for this service.
- Stringent assessment and referral requirements for one provider who actually has the best outcomes.
- Lack of follow through by staff on recommendations in PACE exams.
- Need for a more intense questioning on sexual behaviors in the PACE exam.
- Judicial issues.
- Lack of understanding by individuals of age appropriate sexual behaviors.
- Inappropriate labeling of children as a sex offender.
- Lack of financial resources.

Next Steps

- Establishment of treatment levels.
- Secure providers (have had conversations with Methodist Homes. Will need to continue those conversations).
- Evaluate the recommendations from the PACE exam (compare to service availability).
- Work on legal issues.
-

This workgroup is one example of the partnership we have within our Department to address concerns in our state and ensure that we meet the needs of children and families.

Arkansas's last strategy to develop an effective quality assurance and practice improvement process moved forward in the second quarter. There is some discussion as it relates to the quality assurance of the Practice Model but it aligns with strategy 4 as our overall Quality Assurance processes are improved. In the second quarter, QSPRs were conducted in Areas 8, 9, 3, and 6. We have changed the scheduling of these reviews as the process now involves two phases. The first phase is conducting the QSPR in each of the 10 areas. The second phase targets specific deficient cases to provide coaching and guidance to staff as to how to improve casework and service delivery to ensure compliance with all federal and state requirements and conformance with the Practice Model (S4 1.1). This allows for skill building in developing effective practice improvement plans, but also allows us to target specific challenges and systemic issues (S1 17.2 and S 4 6.2).

We have submitted trending reports of the QSPRs to monitor and ensure the accuracy of ratings on items and to ensure the inter rater reliability. When we submitted our PIP and it was approved, we had not outsourced the function of quality assurance. Since then, we have outsourced the function and the contractor has provided strategies, monitoring processes, and training to ensure the inter rater reliability(S4 1.5 and 1.6).

HZA, our contractor, arranged for Len Pocius to provide the training to the QSPR staff. Mr. Pocius has an extensive background in public child welfare and the CFSR process having served in various administrative capacities with the Pennsylvania Department of Public Welfare, Office of Children, Youth, and Families and having participated in federal Child and Family Services Review (CFSR) process as a reviewer (S4 1.4).

The training was conducted August 4 and August 5, 2009. The attendees were:

- Ed Cotton-HZA Project Manager (Florida Office).
- Greg Moore-DCFS Service Quality and Practice Improvement Manager/HZA Project Manager.
- Tammy Adams-QA reviewer.
- Tammy Coney-QA reviewer.
- Keith Metz-QA reviewers.
- Kaye Still-QA reviewer.
- Romeeka Taylor-QA reviewer.
- Nicole Thompson-QA reviewer.

(S4 2.1)

Mr. Pocius used the federal CFSR tool and instructed the team on how to interpret the questions and use the instrument to review child welfare cases. All participants participated in the reading of a mock case review with Mr. Pocius.

With this being contracted out, Arkansas has delayed the recruitment of internal and external stakeholders to become trained QSPR reviewers. We determined that it was in our best interest to train and ensure that the unit responsible learned and became adept at the review process before expanding. We do intend to train Area Directors, external stakeholders, and practice leaders in the future to develop this process so that it is more in line with the federal CFSR. For the time being, however, we thought the priority should be having our own reviewers trained first with at least a year's experience before recruiting others to become involved (S4 1.2 and 1.3).

In quarter one, we pulled the data related to identifying cases involving children returning home in less than 72 hours, 30 days, 60 days, and 90 days, to determine the reason for entry, services provided, and to determine whether services could have been provided to prevent removal. Although we have these reports pulled and analyzed over 5 quarters, we pulled all initially to begin to analyze and develop strategies to address the problems to decrease these numbers. We have the Area Directors reviewing the data and providing feedback on why this occurs. We have discovered that there are a variety of reasons from lack of work knowledge and skill at developing protection plans to prevent removal to engaging relatives and initiating home studies and placing with approved relatives and not maintaining custody. The Administrative reviews, QSPR, and Meta-analysis will capture the services gaps and needs related to these trends. The Area Directors will include strategies to impact this trend in the Practice Improvement Plans (S1 11.8, 11.9, 11.10, 11.11; and S4 5.1).

The investigation training conducted the second quarter addressed some of these issues and information and training was shared on best practices in relation to removal of children. We are pursuing Casey Family Programs to provide training on trauma to heighten the awareness and knowledge all staff have in regards to the trauma a child experiences at removal from the home regardless of the length of time (S1 11.8, 11.9, 11.10, 11.11).

As previously stated, we are developing practice guides (which we plan to have final in the beginning of the fourth quarter) on the following topics: development of protection plans, conducting worker visits with families, supervising family visits, engaging families, engaging youth, working with minor moms, developing life plans, working with families of shaken baby syndrome, and co sleeping.

There are other practice guide topics targeted for development but the above are the priority. We have shared best practices in training and via e-mail regarding of the priority topics but want to have the guides completed and posted so these practices integrate with our Practice Model (S1 11.8, 11.9, 11.10, 11.11; and S4 5.1).

A key strategy for overall quality assurance is the development, implementation, and monitoring of the practice improvement plans. These plans are to be developed based on the COR trend, Administrative review results, QSPR results, QPR, and the Meta-analysis. They include short term and long term goals with measurable outcomes and time lines. Program Managers at Central Office level are to develop work plans that use these data reports to assess the effectiveness of programs and make changes as needed to improvement outcomes. Area Directors are to develop plans and implement to improve practices with families, increase compliance regarding data entry, and improve outcomes for children and families specific to the identified concerns in their specific area. The practice improvement plans are expected to have different key priorities to work on and use a variety of strategies to impact outcomes. Central Office staff will be supporting them in the development of plans by reviewing, giving feedback, ensuring they have information needed to access resources for services and skill development, as well as the Service Quality and practice Improvement Unit conducting the follow up coaching and strategizing with the areas during the second phase of the QSPR (S4 6.2 and 6.3).